PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

RECEIVED

JAN 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

I. Name of Lobbyist(s)	Ellen	G. Scar	Poni		DEPARTMENT OF
II. Name of lobbyist's part		_	•		
	the Cal	L Commu	م دائطه		
(Name of p	artnership, firm	or corporation)	d Con 1973		
	770 E	lm Street	Manchestor (Sta	NIX	03101
Business Address: (Street)		(Town/City)	(Sta	te)	(Zip Code)
(lo03) 1056-8118 (Telephone)	()(Fa	e-mail	escarpor	ii e fairpoint. com
III. This statement covers: reportable expense transac				R you may f	ile a separate report for
All reportable transaction				ative to the fo	ollowing client:
	Fair Point	- Communica	tions		
OR (Full	Name of Client	as it appears on the	Lobbyist Registration For	m)	
All reportable transaction unrelated to any particular co		ist (including the l	obbyist's family), or the	clobbying fir	rm listed below which are
•	ril 26, 2017 🗌	ation to 3/31/17	July 26, 201 activity from 4/1/17		
Oct	tober 25, 2017 y from 7/1/17 to		January 31, activity from 10/1/1	2018	
V. There have been no for lf this box is checked, comple Concord, NH 03301.					
VI. Check if additional rep	orts are attacl	hed:			
If you have received fee	s or made expe	enditures, you mus	t file Addendum A– Fe	es and Expe	nses
☐ If you have paid an hone Expense Reimbursement	orarium or rein	nbursed expenses,	you must file Addendu	m B– Repor	t of Honorariums or
If you, your firm, or you	ır family has m	ade political contr	ibutions, you must file	Addendum (C-Political Contributions
Sworn Statement/Affirmated have read RSA 15, RSA 15 and complete to the best of the state of the	5-B, RSA 14-C ny knowledge	and RSA 664 and	hereby swear or affirm	that the fore $l_{\alpha\alpha} l_{\alpha} \propto 1$	going information is true
(Signature of lobbyist) Ellon G. Sc	.arjon	<u></u>		(Date)	
(Print Name of lobbyist)	arpoi				

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Ellen G	1. Scorpori
II. Name of lobbyist's partnership, firm or	
<u>Fair Point</u>	Communications
(Name of partnership, firm or corporation	on)
III. Name of Client Tar Pont	Communications Date 1/23/18
to lobbying, including fees for services such as p	om the client identified above that are related, directly or indirectly public advocacy, government relations, or public relations service related legal work. The gross fee amount reported shall not be
a) Total of all fees received in this reporting period	od a) \$
b) Total of all fees received this calendar year, p (This should equal the total of all prior month	
c) Total of all fees received to date (Add lines a and b)	0)\$ 19,240
d) Indicate the amount of any such fees that are of yet been paid	due, but have not d) \$
fees. Separate reports are to be filed for expend the lobbyist(s)/firm that are unrelated to any of Expenses are to be reported in one of three cat during the reporting period for salaries, benefits individual expenses where the expenditure was clunch where the cost was \$25.00 or less, purchas being lobbied, purchase of a ceremonial object g (c) an itemized statement of each individual expense any purpose not covered by (a) (for example: preference of the subject of restaurant expenses for a legislative reception).	rporations are required to report all expenses made from lobbyin litures made relative to each client and if expenditures are made be ne client a separate report may be filed for the lobbyist(s)/firm regories of expenses: (a) the aggregate total of all expenses pairs, support staff, and office expenses; (b) the aggregate total of a of \$25.00 or less (for example: meals purchased during a businesse of a pen with a value of less than \$10 that is given to the person given to a person being lobbied with a value of \$25.00 or less); an anditure made during this reporting period of greater than \$25.00 for courchase of a meal with value of greater than \$25, purchase of lobbying with a value greater than \$25, but not greater than \$50.00 purchases for honorariums, expense reimbursement, or political lums and should not be reported on Addendum A.
a) Total aggregate expenses for this reporting per support staff, and office expenses, related directlyb) Total aggregate of expenditures during this reporting the period of the per	y or indirectly to lobbying. a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in	detail in section VI. c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$3250
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$1599O
f) Total of all expenses year to date	ns 19240
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobby ist) (Signature of lobby ist)	1 23 18' (Date)
Ella G. Scarpori (Print Name of lobbyist)	

I. Name of Lobbyist(s)	Ellen G.S	corpoi	
II. Name of lobbyist's part	tnership, firm or corp	ooration, if any:	
	Fair Point C	communications	
	nership, firm or corporation)		. 1
III. Name of Client	Fair Point Co	mmunications	Date 1 23 18
Political Contributions For each political contribut client/lobbyist and lobbying		-	er 664 paid on behalf of the
Full name of candidate:	Woodburn (Last Name)	Jeff (First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking NH Sonate
Full name of candidate:		Bob (First Name)	ion. If the actual cost is not known, (Middle Name/Initial)
		` '	Seeking NH Sonate
	nd contribution, provide a	description of the goods	or services provided, and enter the ion. If the actual cost is not known,

(Name of partnership) III. Name of Client Political Contributions For each political contribution the client/lobby st and lobbying firm Full name of candidate:	hat is reportable pun, indicate the follo	ursuant to RSA Chapt	
Political Contributions For each political contribution the client/lobbyist and lobbying firm Full name of candidate:	hat is reportable pun, indicate the follow	ursuant to RSA Chaptowing:	ter 664 paid on behalf of the
For each political contribution the client/lobbyist and lobbying firm	n, indicate the following the second of the	owing: David	
	Datters (Last Name)	Dauid (First Name)	
Amount of contribution \$		(i iist ivalie)	(Middle Name/Initial)
	250	Office Candidate is	Seeking NH Senate
Full name of candidate:	Conessey (Last Name)	Martha (First Name)	(Middle Name/Initial)
	250	Office Condidate is	Seeking NH Sonate
If the contribution is an in-kind cor actual cost of the in-kind contributi enter an estimated value and the wo	ion on the line above	description of the good e for amount of contribu	ls or services provided, and enter the actual cost is not known
Full name of candidate:	Gray	Tzmos	
Tull halite of callalance.	(Last Name)	(First Name)	(Middle Name/Initial)

····			
(Name of partn	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying	-	•	er 664 paid on behalf of the
Full name of candidate:	French (Last Name)	Herold (First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking NH Senate
enter an estimated value and the			
		Ruth	
		Ruth (First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	Roth (First Name)	(Middle Name/Initial) Seeking NH S-enate_
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin	(Last Name) 250 d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	

I. Name of Lobbyist(s)	tion of x	Schol	
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
(Name of pa	rtnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyi	•	-	oter 664 paid on behalf of the
Full name of candidate:	Kahn (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$_	250	Office Candidate i	s Seeking NH Senate
actual cost of the in-kind co enter an estimated value and	ntribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(Last Name)	gen	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _		(First Name)Office Candidate is	(Middle Name/Initial) s Seeking <u>NH Sonak</u>
If the contribution is an in-k	250 aind contribution, provide antribution on the line abo	a description of the good	

(Name of partn	ership, firm or corporation)			
III. Name of Client			Date	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:				
Full name of candidate:	Lasky (Last Namo)	Betle_ (First Name)	(Middle Name/Initial)	
Amount of contribution \$	250	Office Candidate is	Seeking NH Sonate	
Full name of candidate:	Carson (Last Name)	Sharm (First Name)	(Middle Name/Initial)	
Full name of candidate:	Carson (Last Name) 2-50	Sharm (First Name) Office Candidate is	(Middle Name/Initial) Seeking WH Sonate	
Amount of contribution \$ If the contribution is an in-kin	2-50 d contribution, provide ribution on the line abo	Office Candidate is	·	
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is a contribution in the in-kind contribution in the in-kind contribution is a contribution in the in-kind contribution in the in-kind contribution is a contribution in the in-kind contribution in the in-kind contribution is a contribution in the in-kind contribution in the in-kind contribution is a contribution in the in-kind contribution in the in-kind contribution in the in-kind contribution is a contribution in the in-kind	2-50 d contribution, provide ribution on the line abo	Office Candidate is a description of the good ve for amount of contribu	Seeking <u>NH Sprate</u> is or services provided, and enter t	

(Name of partne	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbying			er 664 paid on behalf of the
Full name of candidate:	Cavanaush (Last Name)	Kevin (First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking NH Sonate
once an estimated value and the	e word "estimate."		
		John (First Name)	(Middle Name/Initial)
Full name of candidate:	Beagan	(,	(Middle Name/Initial) Seeking NH Shate
Full name of candidate: Amount of contribution \$ If the contribution is an in-kinc	(Last Name) ZSO I contribution, provide ibution on the line above	Office Candidate is	Seeking NH Shate.
Full name of candidate: Amount of contribution \$ If the contribution is an in-kinc actual cost of the in-kind contri	(Last Name) ZSO I contribution, provide ibution on the line above	Office Candidate is	

(Name of parti	nership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbyin			r 664 paid on behalf of the
Full name of candidate:	Birdsell (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is S	leeking WH Sonate
Full name of candidate:	D'Allesandro	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is S	(Middle Name/Initial) eeking NH Senate

(· ··································	nership, firm or corporation)		
III. Name of Client		· · · · · · · · · · · · · · · · · · ·	Date
Political Contributions For each political contribut client/lobbyist and lobbying	•	•	er 664 paid on behalf of the
Full name of candidate:	(Last Name)	Chuck (First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking NH Senate
Full name of candidate:	Cian (Last Name)	(First Name)	(Middle Name/Initial)
	(Last Name)	(,	(Middle Name/Initial) Seeking NH Sonate
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	(Last Name) 250 and contribution, provide tribution on the line abo	Office Candidate is	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	(Last Name) 250 and contribution, provide tribution on the line abo	Office Candidate is	Seeking NH Senate s or services provided, and enter t

(Name of partr	nership, firm or corporation)		
II. Name of Client		· · · · · · · · · · · · · · · · · · ·	Date
Political Contributions For each political contribut client/lobbyist and lobbying		•	er 664 paid on behalf of the
ull name of candidate:	Chardle/ (Last Name)		(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking Speaker of Has
full name of candidate:	Shurtleft	Steve_	
		Steve (First Name)	(Middle Name/Initial)
		,	(Middle Name/Initial) Seeking Hass Minarty Le
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	Z50 nd contribution, provide tribution on the line abo	Office Candidate is a description of the goods	•
	Z50 nd contribution, provide tribution on the line abo	Office Candidate is a description of the goods	Seeking Hause Minorty Le

(If more	than three contrib	utions were mad	le, report additional co	ntributions on separat	e addendum C forms.)	
Sworn	Statement/Af	firmation by	Lobbyist			
			d RSA 664 and her my knowledge and		m that the foregoing inform	nation
/G:	Con 5	A Sca	yoni		1/23/18	